



A – L	When to Report	L – Y	When to Report
Acquired immune deficiency syndrome (AIDS)	Within 1 week	Legionellosis	Within 1 week
Amebic meningitis and encephalitis	Within 1 week	Leishmaniasis	Within 1 week
Anaplasmosis	Within 1 week	Listeriosis	Within 1 week
Anthrax	Call Immediately	Lyme disease	Within 1 week
Arboviral infections	Within 1 week	Malaria	Within 1 week
Asbestosis	Within 1 week	Measles (rubeola)	Call Immediately
Ascariasis	Within 1 week	Meningococcal infection, invasive (Neisseria meningitides)	Call Immediately
Babesiosis	Within 1 week	Mumps	Within 1 work day
Botulism (adult and infant)	Call Immediately	Paragonimiasis	Within 1 week
Brucellosis	Within 1 work day	Pertussis	Within 1 work day
Campylobacteriosis	Within 1 week	Pesticide poisoning, acute occupational	Within 1 week
Cancer	See rules	Plague (Yersinia pestis)	Call Immediately
Candida auris	Within 1 work day	Poliomyelitis, acute paralytic	Call Immediately
Carbapenem-resistant Enterobacteriaceae (CRE)	Within 1 work day	Poliovirus infection, non-paralytic	Within 1 work day
Chagas disease	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CDJ)	Within 1 week
Chancroid	Within 1 week	Q fever	Within 1 work day
Chickenpox (varicella)	Within 1 week	Rabies, human	Call Immediately
<i>Chlamydia trachomatis</i> infection	Within 1 week	Rubella (including congenital)	Within 1 work day
Contaminated sharps injury	Within 1 month	Salmonellosis, including typhoid fever	Within 1 week
Controlled substance overdose	Report Immediately	Shiga toxin-producing <i>Escherichia coli</i>	Within 1 week
Coronavirus, novel	Call Immediately	Shigellosis	Within 1 week
Coronavirus Disease 2019 (COVID-19)	Within 1 week	Silicosis	Within 1 week
Cryptosporidiosis	Within 1 week	Smallpox	Call Immediately
Cyclosporiasis	Within 1 week	Spinal cord injury	Within 10 work days
Cysticercosis	Within 1 week	Spotted fever group rickettsioses	Within 1 week
Diphtheria	Call Immediately	Streptococcal disease (<i>S. pneumo</i>), invasive	Within 1 week
Drowning/near drowning	Within 10 work days	Syphilis – primary and secondary stages	Within 1 work day
Echinococcosis	Within 1 week	Syphilis – all other stages including congenital syphilis	Within 1 week
Ehrlichiosis	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection	Within 1 week
Fascioliasis	Within 1 week	Tetanus	Within 1 week
Gonorrhea	Within 1 week	Tick-borne relapsing fever (TBRF)	Within 1 week
<i>Haemophilus influenzae</i> , invasive	Within 1 week	Traumatic brain injury	Within 10 work days
Hansen’s disease (leprosy)	Within 1 week	Trichinosis	Within 1 week
Hantavirus infection	Within 1 week	Trichuriasis	Within 1 week
Hemolytic uremic syndrome (HUS)	Within 1 week	Tuberculosis (Mycobacterium tuberculosis complex)	Within 1 work day
Hepatitis A	Within 1 work day	Tuberculosis infection	Within 1 week
Hepatitis B, C, and E (acute)	Within 1 week	Tularemia	Call Immediately
Hepatitis B infection identified prenatally or at delivery (mother)	Within 1 week	Typhus	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child)	Within 1 work day	Vancomycin-intermediate Staph aureus (VISA)	Call Immediately
Hookworm (ancylostomiasis)	Within 1 week	Vancomycin-resistant Staph aureus (VRSA)	Call Immediately
Human immunodeficiency virus (HIV), acute infection	Within 1 work day	Vibrio infection, including cholera	Within 1 work day
Human immunodeficiency virus (HIV), non-acute infection	Within 1 week	Viral hemorrhagic fever (including Ebola)	Call Immediately
Influenza-associated pediatric mortality	Within 1 work day	Yellow fever	Call Immediately
Influenza, novel	Call Immediately	Yersiniosis	Within 1 week
Lead, child blood, any level & adult blood, any level	Call/Fax Immediately		

In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. This includes any case of a select agent.**
See select agent list at <https://www.selectagents.gov/selectagentsandtoxinslist.html>

<p>Regional Headquarters 401 E. Franklin Ave., Suite 210 El Paso, Texas 79901 Tel. (915) 834-7675</p>	<p>Midland Sub-Office 1101 N. Midland Drive Midland, TX 79703 Tel. (432) 683-9492</p>	<p>San Angelo Sub-Office 622 S Oakes, Suite H San Angelo, TX 76903 Tel. (325) 659-7867</p>
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**** PLEASE FAX HIV/STD, VPD AND TB CASES TO (432) 571-4162 ****

**BOTH SUSPECTED AND CONFIRMED CASES NEED TO BE REPORTED IMMEDIATELY!
CALL 888-847-6892 (365/24/7)**

- Anthrax
- Botulism (adult and infant)
- Controlled substance overdose
- Coronavirus, novel
- Diphtheria
- Influenza, novel
- Lead, child blood, any level & adult blood, any level
- Measles (rubeola)
- Meningococcal infection, invasive (*Neisseria meningitides*)
- Plague (*Yersinia pestis*)
- Poliomyelitis, acute paralytic
- Rabies, human
- Smallpox
- Tularemia
- Vancomycin-intermediate *Staph aureus* (VISA)
- Vancomycin-resistant *Staph aureus* (VRSA)
- Viral hemorrhagic fever (including Ebola)
- Yellow fever

REPORT WITHIN ONE WORKING DAY

- Brucellosis
- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- *Candida auris*
- Hepatitis A
- Hepatitis B, perinatal (HBsAg+ < 24 months old) (child)
- Human immunodeficiency virus (HIV), acute infection *
- Influenza-associated pediatric mortality
- Mumps
- Pertussis
- Poliovirus infection, non-paralytic
- Q fever
- Rubella (including congenital)
- Syphilis – primary and secondary stages *
- Tuberculosis (*Mycobacterium tuberculosis* complex) *
- *Vibrio* infection, including cholera

REPORT WITHIN ONE WEEK

- Acquired immune deficiency syndrome *
- Amebic meningitis & encephalitis
- Anaplasmosis
- Arboviral infections
- Asbestosis
- Ascariasis
- Babesiosis
- Campylobacteriosis
- Chagas disease
- Chancroid *
- Chickenpox (varicella)
- *Chlamydia trachomatis* infection *
- Coronavirus Disease 2019 (COVID-19)
- Cryptosporidiosis
- Cyclosporiasis
- Cysticercosis
- Echinococcosis
- Ehrlichiosis
- Fascioliasis
- Gonorrhea *
- *Haemophilus influenzae*, invasive
- Hansen’s disease (leprosy)
- Hantavirus infection
- Hemolytic uremic syndrome (HUS)
- Hepatitis B, C, and E (acute)
- Hepatitis B infection identified parentally or at deliver (mother)
- Hookworm (ancylostomiasis)
- Human immunodeficiency virus (HIV), non-acute infection *
- Legionellosis
- Leishmaniasis
- Listeriosis
- Lyme disease
- Malaria
- Paragonimiasis
- Pesticide poisoning, acute occupational
- Prion disease such as CJD
- Salmonellosis, including typhoid fever
- Shiga toxin-producing *Escherichia coli*
- Shigellosis
- Silicosis
- Spotted fever group rickettsioses
- Streptococcal disease (*S. pneumo*), invasive
- Syphilis, all other stages including congenital syphilis
- *Taenia solium* & undifferentiated *Taenia* infection
- Tetanus
- Tick-borne relapsing fever (TBRF)
- Trichinosis
- Truchuriasis
- Tuberculosis infection *
- Typhus
- Yersiniosis

REPORT IN 10 WORKING DAYS

- Drowning/near drowning
- Spinal cord injury
- Traumatic brain injury

REPORT WITHIN ONE MONTH

- Contaminated sharps injury

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